## DEPARTMENT OF THE TREASURY

## BUREAU OF ALCOHOL, TOBACCO AND FIREARMS APPLICATION FOR RESTORATION OF FIREARMS AND/OR EXPLOSIVES PRIVILEGES

(Complete in Triplicate)

1. NAME (1) (Last, First, Middle)		APPLICATION IS HEREBY MADE FOR RESTORATION OF PRIVILEGES (Relief From Disablilities) (Check appropriate box)  Under Chapter 40, Title 18, U. S.C. (Explosives), for a crime punishable by imprisonment for a term exceeding one year or an indictment with respect thereto.								
2. BIRTHPLACE (23) (City	& State) 3. DATE	OF BIRTH (7) 4. ALIASE	S (19)		5.	SOCIAL	SECUR	ITY NUMBER (12)		
6. PRESENT ADDRESS (	8) (No., Street, City,	State, Zip Code)	7.	TELEPHONE	NUMBER (	AT		OF RESIDENCE ENT ADDRESS d year)		
9. DESCRIPTION	I	I			I		1			
RACE (2)	SEX (2)	HEIGHT (3)	WEIGHT (4) HAIR (5)			) EYES		S (6)		
10. RESIDENCES DURING	PAST TEN YEARS	(In columns (b) and (c) enter	the month a	nd year of res	sidence)					
ADDRESS (Number, street, city, State and ZIP Code) (a)								TO <i>(c)</i>		
		immediate prior employers ar	nd show moi							
NAME A	AND ADDRESS OF E <i>(a)</i>	MPLOYER		POSITION <i>(b)</i>		FRO		TO <i>(d)</i>		
	(-)			(2)		(5)		(5)		
12. CONVICTIONS (If part	doned for a conviction	, write "yes" in column (e) and	d attach a co	opy of the pare	don.)					
SPECIFIC CRIME NAI		ME AND LOCATION OF COURT (b)		SENTENCE RECEIVED CONVIC		NVICTION (d)	DATE	PARDONED (e)		
13. OTHER ARRESTS  CHARGE  DATE AND PLACE OF ARREST								DISPOSITION		
CHARGE DATE AND PLACE OF ARREST (a) (b)								(c)		
14. PROBATION OFFICER	S NAME, ADDRESS	AND TELEPHONE NUMBER	R 15. PARO	LE OFFICER'	S NAME, AL	DDRESS AN	ND TELE	EPHONE NUMBER		
16. CHARACTER REFERE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	•				I			
	NAME A	ND ADDRESS (a)	OCCUPATIO (b)			TELEPHONE NUMI				
						·		. ,		

17. APPLICANT DATA (All questions must be answered by a	a "Yes"		•				
	YES	NO	KIND OF DISCHARGE	DATE OF DISCHARG	ЭE		
a. ARE YOU A FUGITIVE FROM JUSTICE?							
b. ARE YOU AN UNLAWFUL USER OF OR ADDICTED TO MARIJUANA, ANY DEPRESSANT OR STIMULATING DRUG, OR ANY NARCOTIC DRUG?	1		k. ARE YOU NOW UNDER INDICTMENT		YES	NO	
c. HAVE YOU EVER RENOUNCED YOUR UNITED STATES CITIZENSHIP?			IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRI- SONMENT FOR A TERM EXCEEDING ONE YEAR? (If "Yes" show date, court, charges and current status.)				
d. ARE YOU AN ALIEN ILLEGALLY IN THE UNITED STATES?	•		res snow date, court, charges and c	urrent status.)			
e. HAVE YOU EVER BEEN ADJUDICATED AS A MENTAL DEFECTIVE?			I. HAVE YOU EVER APPLIED FOR A F				
f. HAVE YOU EVER BEEN COMMITTED TO A MENTAL INSTITUTION?			LICENSE OR A FEDERAL EXPLOSIV PERMIT? (If "Yes" show date and with				
g. HAVE YOU EVER BEEN ADJUDGED BY A COURT OF BEING MENTALLY INCOMPETENT?			ARE YOU SUBJECT TO A COURT ORDER RESTRAINING YOU FROM HARASSING, STALKING, OR THREAT-				
h. ARE YOU NOW ON PROBATION OR PAROLE?			ENING AN INTIMATE PARTNER OR				
i. HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER DISHONORABLE CONDI- TIONS?			n. HAVE YOU BEEN CONVICTED IN A	Item 1.)			
j. HAVE YOU SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (If "Yes" check Branch and complete following)			MISDEMEANOR CRIME OF DOMES THIS INCLUDES ANY MISDEMEANO INVOLVING THE USE OR ATTEMPT	OR CONVICTION			
ARMY NAVY MARINES AIR COAST FORCE GUARD			CAL FORCE COMMITTED BY A CUI SPOUSE, PARENT, OR GUARDIAN	RRENT OR FORMER			
SERVICE SERIAL NUMBER DATE ENTERED AC	CTIVE	DUTY	BY A PERSON WITH A SIMILAR REI THE VICTIM. <i>(See Important Notices</i>				
18. COMPLETE THIS ITEM ONLY IF APPLICANT WAS EVER ISSUED A	FEDER/	AL FIRE	ARMS LICENSE OR A FEDERAL EXPLOSIVES LI	CENSE OR PERMIT.			
THE BUSINESS IS (Check one)  INDIVIDUALLY OWNED  A PARTNERSHI  19. I BELIEVE I SHOULD BE GRANTED RELIEF BECAUSE:	Р		A CORPORATION OTHER	(Specify)			
20. IMPORTANT: Applicants filing for restoration privileges (Relief From Notal Application for restoration under Chapter 44, Title 18 U.S.C. will be consist Register, an official U.S. Government publication available to the general pula applicant's name, address, the court and date of conviction.  IN THE EVENT THIS APPLICATION IS APPROVED:	dered ur	nless the	e applicant acknowledges and agrees that a notice of	of approval will appear in the			
I understand that a notice of approval will appear in the Fe		•	, ·	e approval, and			
Under penalties imposed by 18 U.S.C. 924 and 18 U.S.C. 84 knowledge and belief, they are true, correct, and complete	14, I de			application and, to th	e best	of my	
21. SIGNATURE OF APPLICANT				22. DATE			
NOTE: A COMPLETED FD 258 (FINGERPR	INT ID	ENTIF	ICATION CARD) MUST ACCOMPANY TH	IS APPLICATION.			
MAIL APPLICATION FORM TO: BUREAU OF ALCOHOL, TOBACCO AND FIREARMS TECH WORLD POST OFFICE, P.O. BOX 50220 WASHINGTON, DC 20091							
	IMPO	ORTAN	NT NOTICES				

- 1. Under 18 U.S.C. 922 firearms may not be sold to or received by persons subject to a court order that: (A) was issued after a hearing of which the person received actual notice and had an opportunity to participate; (B) restrains such person from harassing, stalking or threatening an intimate partner or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child; and (C)(i) includes a finding that such person represents a credible threat to the physical safety of such intimate partner or child, or (ii) by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against such intimate partner or child that would reasonably be expected to cause bodily injury.
- 2. Under 18 U.S.C. 922 firearms may not be sold to or received by persons who have been convicted of a misdemeanor crime of domestic violence. The person is NOT considered to have been convicted of such crime unless the person was represented by a lawyer or gave up the right to a lawyer, and, if the person was entitled to a jury trial, was tried by a jury or gave up the right to a jury trial.

## PRIVACY ACT INFORMATION

The following information is provided pursuant to Sections 3 and 7(b) of the Privacy Act of 1974:

- 1. **AUTHORITY.** Solicitation of this information is made pursuant to 18 U.S.C. Chapters 40 and 44. Disclosure of this information by the applicant is mandatory if the applicant wishes to seek relief from disabilities, i.e., restoration of firearms and/or explosives privileges.
- 2. **PURPOSES.** To determine whether the applicant is eligible to apply for relief from disabilities under 18 U.S.C. §§ 925(c) and 845(b); and to determine whether the restoration of privileges should be granted.
- 3. **ROUTINE USES.** The information will be used by ATF to make the determinations set forth in paragraph 2. In addition, the information may be disclosed to other Federal, State, foreign and local law enforcement and regulatory agency personnel to verify information on the application and to aid in the performance of their duties with respect to the regulation of firearms, ammunition and explosives. The information may further be disclosed to the Justice Department if it appears that the furnishing of false information may constitute violation of Federal Law.
- 4. **EFFECTS OF NOT SUPPLYING THE INFORMATION REQUESTED.** Failure to supply complete information will delay processing and may cause denial of the application.
- 5. **DISCLOSURE OF SOCIAL SECURITY NUMBER.** Disclosure of the individual's social security number is voluntary. Solicitation of this information is made pursuant to 18 U.S.C. § § 925(c) and 845(b), and may be used to verify the identity of the applicant.

## PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The information is required in order to determine whether or not firearms and/or explosives privileges may be restored. It is used to conduct an investigation to establish if it is likely that the applicant will act in a manner dangerous to public safety or contrary to public interest. The information is required in order to restore privileges, (18 U.S.C. 925(c) and 845(b)).

The estimated average burden associated with this collection of information is 30 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless a currently valid OMB control number.